| PI | |
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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **School Bus Transportation**

| State | |
|----------|--|
| District | |
| County | |

| DUE |
|-------|
| DATES |

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 39 Powell 0712 Deer Lodge Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # # Capacity Inspection 100 1 1 100.2 1.15 54 08/24/05 2 72 100 1 1.36 62 08/24/05 100 3 69.6 53 08/24/05 1 1.15 4 100 136 1.57 72 08/24/05 1 5 100 83.6 1.36 60 08/24/05 100 1 6 43.2 1.57 78 08/24/05 100 1 6A 9 0.00 78 08/24/05 100 7 8.2 0.95 19 08/24/05 1

| PI |
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| |

100

CO

CO

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

95

108

0.95

0.95

School District Claim for State Reimbursement for School Bus Transportation

| State | |
|----------|--|
| District | |
| County | |

| Helena, MT 59620-2501 | | | | | | | School Bus Transportation | | | | |
|--|--------------|-------------------|----------|-----------------|-----------------|------------|--|--------------|---------|----------------------------------|--|
| DUE February 1 to County Superintendent DATES: February 15 to State Superintendent | | | | | | | Second Semester May 10 to County Superintendent May 24 to State Superintendent | | | | |
| COMPL | ETE TH | IS CLAIM FO | R STA | TE REIME | BURSEMEN | T FOR SCH | OOL BUS TRA | NSPORT | TATION: | : | |
| This clair | n is for the | period beginning | ; | | , | 20 and er | iding | | , | 20 | |
| | | | r | nonth | day | | m | onth | da | ay | |
| CERTIF | ICATIO | N: | | | | | | | | | |
| The infor | mation on | this form is comp | lete and | accurate to the | e best of my kn | owledge. | | | | | |
| Date Signature, Chair, Board of Trustees | | | | | | | | | | | |
| County: District: District Level: | | | | | | | | | | | |
| 39 Powell County H S | | | | | | <u> </u> | | | High S | chool | |
| District Route Miles Rate | | | | | Capacity | Inspection | | ays rated | S | Bus Driver's ocial Security # | |

47

48

08/26/05

07/09/05

TR-6 (1/05) Page 1

2

28-C-1-42

| PI |
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| |

15

15C

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

48

0.95

School District Claim for State Reimbursement for School Bus Transportation

07/09/05

| State | |
|----------|--|
| District | |
| County | |

| Helena, MT 59620-2501 | | | | | | | School Bus 1 | ransportation | | County | |
|-----------------------|---------------|---|----------|-------------------|------------------|-----------|--------------|------------------|------------|----------------------------|--|
| DUE DATES: | | Second Semeste County Superin State Superinte | ntender | nt | | | | | | | |
| COMPL | ETE TH | IS CLAIM FO | R STA | ATE REIME | BURSEMEN | T FOR SCH | OOL BUS TRAI | NSPORTATION | [: | | |
| This clain | m is for the | period beginning | ; | | , | 20 and en | ding | | , 20 | _• | |
| | | | | month | day | | m | onth d | lay | | |
| CERTIF | ICATIO | N: | | | | | | | | | |
| The infor | mation on | this form is comp | lete and | accurate to the | e best of my kn | owledge. | | | | | |
| Date | | | Signatu | ıre, Chair, Board | d of Trustees | | | | | | |
| | | | | | | | | | | | |
| County: | | | District | i: | | | | District L | evel: | | |
| 39 Powe | ell | | 0717 | Helmvill | e Elem | | | Eleme | ntary | | |
| Percentage | District # | Route # | | Miles Per Day | Rate Per Mile | Capacity | Inspection | Days Operated | s | Bus Driver Social Secur | |
| 100 | 15 | 15B | | 67 | 0.95 | 24 | None | - | | | |

24

| PI | |
|----|--|
| | |

20

1

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena MT 59620-2501

28

0.95

School District Claim for State Reimbursement for School Bus Transportation

| State | |
|----------|--|
| District | |
| County | |

| Helena, MT 59620-2501 | | | | | | | School Bus Transportation | | | | | |
|--|---------------|-------------------|-------------|------------------|------------------|-----------|--|---------------|-----------------|-----------------------------------|--|--|
| DUE February 1 to County Superintendent DATES: February 15 to State Superintendent | | | | | | | Second Semester May 10 to County Superintendent May 24 to State Superintendent | | | | | |
| COMPL | ETE TH | IS CLAIM FO | OR STA | TE REIME | BURSEMEN | T FOR SCH | IOOL BUS TRA | NSPORTA | ATION: | | | |
| This clain | n is for the | period beginning | g | | , | 20 and er | nding | | , 20 | _• | | |
| | | | n | nonth | day | | m | onth | day | | | |
| CERTIF | ICATIO | N: | | | | | | | | | | |
| The infor | mation on | this form is comp | olete and a | accurate to the | e best of my kn | owledge. | | | | | | |
| Date | | | Signatur | e, Chair, Board | d of Trustees | | | | | | | |
| | | | | | | | | | | | | |
| County: | | | District: | | | | | D | District Level: | | | |
| 39 Powe | 11 | | 0718 | Garrison | Elem | | | E | Elementary | | | |
| Percentage | District # | Route # | | Miles Per Day | Rate Per Mile | Capacity | Inspection | Days Opera | | Bus Driver's Social Security # | | |

24

09/13/05

| PI |
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29

2

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

64

0.95

School District Claim for State Reimbursement for School Bus Transportation

08/22/05

| State | |
|----------|--|
| District | |
| County | |

| | Helena, MT 59620-2501 | | | | | | School Bus Transportation County | | | | |
|--|---|-------------------|----------|------------------|------------------|----------|--|------------------|-----------------------------------|--|--|
| DUE DATES: | First Semester February 1 to County Superintendent S: February 15 to State Superintendent | | | | | | Second Semester May 10 to County Superintendent May 24 to State Superintendent | | | | |
| COMPL | COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: | | | | | | | | | | |
| This claim is for the period beginning | | | | | | | | | | | |
| month day month day | | | | | | | day | | | | |
| CERTIF | ICATIO | N: | | | | | | | | | |
| The infor | mation on | this form is comp | lete and | accurate to the | e best of my kn | owledge. | | | | | |
| Date Signature, Chair, Board of Trustees | | | | | | | | | | | |
| | | | | | | | | | | | |
| County: District: | | | | | | | | Distric | ct Level: | | |
| 39 Powell 0720 Avon Elem | | | | | | | Elen | nentary | | | |
| Percentage | District # | Route # | | Miles Per Day | Rate Per Mile | Capacity | Inspection | Days Operated | Bus Driver's Social Security # | | |
| 100 | 29 | 1 | | 80.2 | 0.95 | 22 | 08/22/05 | | | | |

30

| PI |
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| |

33

1

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

82

0.95

School District Claim for State Reimbursement for School Bus Transportation

| State | |
|----------|--|
| District | |
| County | |

| | Helena, MT 59620-2501 | | | | | | School Bus Transportation | | | | |
|--------------------|--|------------------------|-----------|------------------|------------------|-----------|--|------------------|-----------------------------------|--|--|
| DUE DATES: | First Semester February 1 to County Superintendent February 15 to State Superintendent | | | | | | Second Semester May 10 to County Superintendent May 24 to State Superintendent | | | | |
| COMPLE | ETE TH | S CLAIM FO | OR STA | TE REIME | BURSEMEN | T FOR SCH | OOL BUS TRA | NSPORTATI | ON: | | |
| This claim | is for the | period beginnin | _ | month | day, | 20 and en | ndingm | onth | , 20 day | | |
| CERTIFI The inform | | N: this form is com | plete and | accurate to the | e best of my kn | owledge. | | | | | |
| Date | | | Signatu | re, Chair, Board | d of Trustees | | | | | | |
| County: | County: District: | | | | | | District Level: | | | | |
| 39 Powel | 9 Powell 0721 Gold Creek Elem | | | | | | | Elei | mentary | | |
| Percentage | District # | Route # | | Miles Per Day | Rate Per Mile | Canacity | Inspection | Days Operated | Bus Driver's Social Security # | | |

16

08/26/05